

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

APPLICANT(S)

733 913

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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48							98						
49							99						
50							100						
T TAL IND.	5						TOTAL IND.						
T TAL DEP.	37						TOTAL DEP.						
TOTAL CLAIMS	42						TOTAL CLAIMS						

PTO-1300 (3-70)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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